

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

FILED NO. 097890786 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5	1					
6		1				
7		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

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IND.	DEP.	IND.	DEP.	IND.
51				
52				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS